

STATE OF RHODE ISLAND WIC FORMULA PRESCRIPTION

PATIENT INFORMATION	
Patient Name:	
Date of Birth:	
Parent/Gaurdian Name:	

MEDICAL RATIONALE FOR FORMULA

Medical condition that contraindicates the use or trial of *Enfamil with Iron®* or *Prosobee®*

Presenting Symptoms

FORMULA PRESCRIPTION

Prescribed Formula

Length of Issuance (cannot exceed 6 months)

Prescription Date / /

PATIENT'S HEALTH CARE PROVIDER

Provider Name

Signature	Date / /
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Date / /

Address	Phone () -
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Phone () -

FOR WIC AGENCY USE

WIC I.D. #	Food Package Code
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Food Package Code

CPA Signature	Date / /
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Date / /

State of Rhode Island
Department of Health
Rhode Island WIC Program
www.health.ri.gov/family/wic



MAKING HEALTH PART OF YOUR FAMILY
RHODE ISLAND DEPARTMENT OF HEALTH